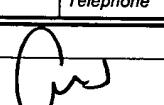
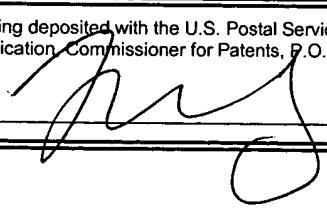


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

22154 U.S. PTO
09/19/03
665877

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 275412001700	
		First Inventor Toru HANAOKA	
		Title	OPTICAL PICKUP APPARATUS AND ADJUSTMENT METHOD THEREFOR
		Express Mail Label No. EV 336627339 US	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing) (2 pages)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 52] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed Sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> [Total Sheets 12] 5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application <i>(37 CFR 1.63(d))</i> <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (3 pages) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 (+ <input checked="" type="checkbox"/> copy) (5 pages) <input type="checkbox"/> Copies of IDS Citations (4 references) 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> (83 pages) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). 17. <input type="checkbox"/> Other: _____	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages) 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number: 25226 OR <input type="checkbox"/> Correspondence address below Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Country: _____ Telephone: _____ Fax: _____ Name (Print/Type): Alan S. Hodes  Registration No. (Attorney/Agent): 38,185 Signature: _____ Date: September 19, 2003			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 336627339 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/19/03 Signature:  (Tamara Alcaraz)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known																																																															
		Application Number	Not Yet Assigned																																																														
		Filing Date	Concurrently Herewith																																																														
		First Named Inventor	Toru HANAOKA																																																														
		Examiner Name	Not Yet Assigned																																																														
		Art Unit	Not Yet Assigned																																																														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	275412001700																																																														
TOTAL AMOUNT OF PAYMENT <input type="text" value="(\$ 874.00)"/>																																																																	
<table border="1" style="width: 100%;"> <tr> <td colspan="5">METHOD OF PAYMENT (check all that apply)</td> </tr> <tr> <td><input type="checkbox"/> Check</td> <td><input type="checkbox"/> Credit Card</td> <td><input type="checkbox"/> Money Order</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td colspan="5"><input checked="" type="checkbox"/> Deposit Account</td> </tr> <tr> <td colspan="5">Deposit Account Number <input type="text" value="03-1952"/></td> </tr> <tr> <td colspan="5">Deposit Account Name <input type="text" value="Morrison & Foerster LLP"/></td> </tr> <tr> <td colspan="5">The Director is hereby authorized to: (check all that apply)</td> </tr> <tr> <td><input type="checkbox"/> Charge fee(s) indicated below</td> <td><input type="checkbox"/> Credit any overpayments</td> </tr> <tr> <td><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</td> <td></td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</td> </tr> </table>				METHOD OF PAYMENT (check all that apply)					<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Deposit Account					Deposit Account Number <input type="text" value="03-1952"/>					Deposit Account Name <input type="text" value="Morrison & Foerster LLP"/>					The Director is hereby authorized to: (check all that apply)					<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments	<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																											
METHOD OF PAYMENT (check all that apply)																																																																	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None																																																													
<input checked="" type="checkbox"/> Deposit Account																																																																	
Deposit Account Number <input type="text" value="03-1952"/>																																																																	
Deposit Account Name <input type="text" value="Morrison & Foerster LLP"/>																																																																	
The Director is hereby authorized to: (check all that apply)																																																																	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments																																																																
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																																																	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																	
<table border="1" style="width: 100%;"> <tr> <td colspan="5">FEE CALCULATION</td> </tr> <tr> <td colspan="5">1. BASIC FILING FEE</td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="3">Small Entity</td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> </tr> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td>Utility filing fee</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td>Plant filing fee</td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="3">(\$ 750.00)</td> </tr> </table>				FEE CALCULATION					1. BASIC FILING FEE					Large Entity		Small Entity			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1001	750	2001	375	Utility filing fee	1002	330	2002	165	Design filing fee	1003	520	2003	260	Plant filing fee	1004	750	2004	375	Reissue filing fee	1005	160	2005	80	Provisional filing fee	SUBTOTAL (1)		(\$ 750.00)														
FEE CALCULATION																																																																	
1. BASIC FILING FEE																																																																	
Large Entity		Small Entity																																																															
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description																																																													
1001	750	2001	375	Utility filing fee																																																													
1002	330	2002	165	Design filing fee																																																													
1003	520	2003	260	Plant filing fee																																																													
1004	750	2004	375	Reissue filing fee																																																													
1005	160	2005	80	Provisional filing fee																																																													
SUBTOTAL (1)		(\$ 750.00)																																																															
<table border="1" style="width: 100%;"> <tr> <td colspan="5">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</td> </tr> <tr> <td colspan="5"> <table border="1" style="width: 100%;"> <tr> <td>Extra Claims</td> <td>Fee from below</td> <td>Fee Paid</td> </tr> <tr> <td>Total Claims <input type="text" value="15"/></td> <td>$-20^{**} =$ <input type="text" value="0"/></td> <td>$x 18.00 =$ <input type="text" value="0.00"/></td> </tr> <tr> <td>Independent Claims <input type="text" value="4"/></td> <td>$-3^{**} =$ <input type="text" value="1"/></td> <td>$x 84.00 =$ <input type="text" value="84.00"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>$280.00 =$ <input type="text" value="0.00"/></td> </tr> </table> </td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="3">Small Entity</td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td colspan="3">(\$ 84.00)</td> </tr> </table>				2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					<table border="1" style="width: 100%;"> <tr> <td>Extra Claims</td> <td>Fee from below</td> <td>Fee Paid</td> </tr> <tr> <td>Total Claims <input type="text" value="15"/></td> <td>$-20^{**} =$ <input type="text" value="0"/></td> <td>$x 18.00 =$ <input type="text" value="0.00"/></td> </tr> <tr> <td>Independent Claims <input type="text" value="4"/></td> <td>$-3^{**} =$ <input type="text" value="1"/></td> <td>$x 84.00 =$ <input type="text" value="84.00"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>$280.00 =$ <input type="text" value="0.00"/></td> </tr> </table>					Extra Claims	Fee from below	Fee Paid	Total Claims <input type="text" value="15"/>	$-20^{**} =$ <input type="text" value="0"/>	$x 18.00 =$ <input type="text" value="0.00"/>	Independent Claims <input type="text" value="4"/>	$-3^{**} =$ <input type="text" value="1"/>	$x 84.00 =$ <input type="text" value="84.00"/>	Multiple Dependent		$280.00 =$ <input type="text" value="0.00"/>	Large Entity		Small Entity			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claim, if not paid	1204	84	2204	42	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)		(\$ 84.00)		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																																	
<table border="1" style="width: 100%;"> <tr> <td>Extra Claims</td> <td>Fee from below</td> <td>Fee Paid</td> </tr> <tr> <td>Total Claims <input type="text" value="15"/></td> <td>$-20^{**} =$ <input type="text" value="0"/></td> <td>$x 18.00 =$ <input type="text" value="0.00"/></td> </tr> <tr> <td>Independent Claims <input type="text" value="4"/></td> <td>$-3^{**} =$ <input type="text" value="1"/></td> <td>$x 84.00 =$ <input type="text" value="84.00"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>$280.00 =$ <input type="text" value="0.00"/></td> </tr> </table>					Extra Claims	Fee from below	Fee Paid	Total Claims <input type="text" value="15"/>	$-20^{**} =$ <input type="text" value="0"/>	$x 18.00 =$ <input type="text" value="0.00"/>	Independent Claims <input type="text" value="4"/>	$-3^{**} =$ <input type="text" value="1"/>	$x 84.00 =$ <input type="text" value="84.00"/>	Multiple Dependent		$280.00 =$ <input type="text" value="0.00"/>																																																	
Extra Claims	Fee from below	Fee Paid																																																															
Total Claims <input type="text" value="15"/>	$-20^{**} =$ <input type="text" value="0"/>	$x 18.00 =$ <input type="text" value="0.00"/>																																																															
Independent Claims <input type="text" value="4"/>	$-3^{**} =$ <input type="text" value="1"/>	$x 84.00 =$ <input type="text" value="84.00"/>																																																															
Multiple Dependent		$280.00 =$ <input type="text" value="0.00"/>																																																															
Large Entity		Small Entity																																																															
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description																																																													
1202	18	2202	9	Claims in excess of 20																																																													
1201	84	2201	42	Independent claims in excess of 3																																																													
1203	280	2203	140	Multiple dependent claim, if not paid																																																													
1204	84	2204	42	** Reissue independent claims over original patent																																																													
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																													
SUBTOTAL (2)		(\$ 84.00)																																																															
<p><small>**or number previously paid, if greater; For Reissues, see above</small></p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">SUBMITTED BY</td> <td colspan="3" style="text-align: center;">Complete if applicable</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Alan S. Hodes</td> <td>Registration No. (Attorney/Agent)</td> <td>38,185</td> <td>Telephone (650) 813-5622</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td>September 19, 2003</td> </tr> </table>				SUBMITTED BY		Complete if applicable			Name (Print/Type)	Alan S. Hodes	Registration No. (Attorney/Agent)	38,185	Telephone (650) 813-5622	Signature			Date	September 19, 2003																																															
SUBMITTED BY		Complete if applicable																																																															
Name (Print/Type)	Alan S. Hodes	Registration No. (Attorney/Agent)	38,185	Telephone (650) 813-5622																																																													
Signature			Date	September 19, 2003																																																													